

**AMENDMENT TO ARTICLES  
OF ORGANIZATION  
(OR INCORPORATION)**

Town Mutual Insurance Companies  
Ref: Section 612.04 (2), Wis. Stat.

State of Wisconsin  
Office of the Commissioner of Insurance  
P. O. Box 7873  
Madison, WI 53707-7873

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**INSTRUCTIONS:** Complete two copies of this form, or use as a sample format to provide all information required. Forward within ten days after adoption of amendment(s) to the above address.

**NOTE:** No amendment or change to the Articles is effective until filed with, and approved by, the Commissioner of Insurance.

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At a policyholders' meeting of the \_\_\_\_\_  
Insurance Company, held at \_\_\_\_\_, Wisconsin, on  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at which \_\_\_\_\_ members were present,  
the following resolution was offered:

RESOLVED that Article \_\_\_\_\_ of the Articles of Organization (or Incorporation) be amended to  
read: (Resolution should include the entire Article.)

There are \_\_\_\_\_ members of this town mutual insurer with voting rights.

There were \_\_\_\_\_ votes cast for adoption of the resolution and \_\_\_\_\_ votes cast against  
adoption. Since the affirmative votes were at least two-thirds of the votes entitled to be cast by  
members present, the resolution was adopted.

State of Wisconsin

County of \_\_\_\_\_

The undersigned President and Secretary of the \_\_\_\_\_  
Insurance Company, being duly sworn, state that the attached copies of an amendment to the Articles  
of Organization (or Incorporation) and the minutes of the meeting relating to the adoption of the  
amendment are true, correct, and complete.

President (or Vice President)	Secretary (or Assistant Secretary)
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